

1993 AIR QUALITY STUDY

FIRST VISIT SURVEY

NAME: _____ PARTICIPANT #: _____

PARTICIPANT CONSENT FORM

Having watched the video-taped description and instructions concerning the 1993 Air Quality Study, I understand that the purpose of this study is to determine how our home environment, daily activities and the various foods that we eat can affect the quality of the air that we breathe.

I have been chosen to take part in this important study and as a participant I agree to...

- Complete a general First Visit Survey.
- Provide two saliva samples.
- Monitor the air quality in my workplace, home and elsewhere by
 - Wearing the workplace and home air sampling pumps.
 - Using the Home and Workplace diaries to record activities and observations.
 - Completing Workplace and Home Pump Surveys.
- Complete a Last Visit Survey which deals with foods, consumer products and demographic information (age, education, etc.).

I understand that in return for my participation in this study, I will receive a compensation of \$100. I will receive this compensation at the end of the second visit, provided that I have...

- Followed all instructions
- Completed all required activities
- Returned all materials

Also, I understand that while information gathered from this study may be published, I will in no way be individually identified, and that my name will not be used in conjunction with any data analysis related to this study.

(PARTICIPANT SIGNATURE)

(DATE)

CONTINUE →

Please answer the following questions as best as you can. Check with an interviewer if you have any questions about what is being asked or how to reply. (PLEASE CIRCLE THE NUMBER BESIDE EACH ANSWER YOU CHOOSE.)

SECTION A: GENERAL

CARD 9

1a. What is your current marital status?

Married	-1	(6)
Single	-2	
Separated	-3	
Widowed	-4	
Divorced	-5	

1b. If married, are you currently living with your spouse?

Yes	-1	(7)
No	-2	

2. What is your exact age?

(WRITE IN NUMBER)

(8,9)

3a. Which of the following best describes who lives in your household?

Self only	-1	→ (SKIP TO Q.5a.)	(10)
Self and others	-2		

CONTINUE →

(2)

Page 1 of Questionnaire

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3b. How many of each person listed below are currently living in your household?

Spouse	(11)
Children under 18	(12-13)
Children 18 or over	(14-15)
Other relative	(16-17)
Non-related roommate	(18-19)
<hr/>	
TOTAL # PERSONS IN HOUSEHOLD	
OTHER THAN YOURSELF	(20-21)

4a. Of all persons living in your household, do any of them smoke cigarettes?

Yes	-1	(22)
No	-2	→ (SKIP TO Q.5a.)

CONTINUE →

FOR EACH SMOKER LIVING IN YOUR HOUSEHOLD, FILL IN
INFORMATION REQUESTED BELOW.

QUESTION	EXAMPLE	SMOKER #1	
4b. Who smokes?		(23-24)	
4c. How many cigarettes does this person smoke per day?		(25-27)	
4d. How many of those cigarettes are smoked <u>in</u> or <u>around</u> your home?		(28-30)	(47-49)
4e. Where does this person smoke in or around your home. (CIRCLE ALL THAT APPLY.)	Anywhere ... -1 Bedroom -2 Living room/ Den -3 Dining room/ Kitchen . -4 Gameroom/ Bar -5 Other indoor area -6 Attached garage or basement -7 Detached garage or basement -8 Only outdoors -9	(31-36) Anywhere ... -1 Bedroom -2 Living room/ Den -3 Dining room/ Kitchen . -4 Gameroom/ Bar -5 Other indoor area -6 Attached garage or basement -7 Detached garage or basement -8 Only outdoors -9	(50-55) Anywhere ... -1 Bedroom -2 Living room/ Den -3 Dining room/ Kitchen . -4 Gameroom/ Bar -5 Other indoor area -6 Attached garage or basement -7 Detached garage or basement -8 Only outdoors -9
4f. What is the name of the brand that this person smokes most often?		(37-38)	(56-57)
4g. Is that a menthol or non-menthol?	Menthol -1 Non-menthol -2	Menthol ...39-1 Non-menthol -2	Menthol ...58-1 Non-menthol -2
4h. What style of that brand? (CIRCLE ONE.)	Regular/Full flavor .. -1 Medium -2 Low tar or lights .. -3	Regular/Full flavor .40-1 Medium -2 Low tar or lights .. -3	Regular/Full flavor .59-1 Medium -2 Low tar or lights .. -3
4i. What size of that brand? (CIRCLE ONE.)	Regular/king/ 85mm -1 100's -2 120's -3	Regular/king/ 85mm ...41-1 100's -2 120's -3	Regular/king/ 85mm ...60-1 100's -2 120's -3

CONTINUE →

FOR EACH SMOKER LIVING IN YOUR HOUSEHOLD, FILL IN THE INFORMATION REQUESTED BELOW.

QUESTION	SMOKER #3	SMOKER #4	SMOKER #5
4b. Who smokes?	(81-82)	(11-12)	(30-31)
4c. How many cigarettes does this person smoke per day?	(63-65)	(13-15)	(32-34)
4d. How many of those cigarettes are smoked in or around your home?	(66-68)	(16-18)	(35-37)
4e. Where does this person smoke in or around your home. (CIRCLE ALL THAT APPLY.)	(69-74)	(19-24)	(38-43)
	Anywhere ... -1	Anywhere ... -1	Anywhere ... -1
	Bedroom -2	Bedroom -2	Bedroom -2
	Living room/ Den -3	Living room/ Den -3	Living room/ Den -3
	Dining room/ Kitchen . -4	Dining room/ Kitchen . -4	Dining room/ Kitchen . -4
	Gameroom/ Bar -5	Gameroom/ Bar -5	Gameroom/ Bar -5
	Other indoor area -6	Other indoor area -6	Other indoor area -6
	Attached garage or basement -7	Attached garage or basement -7	Attached garage or basement -7
	Detached garage or basement -8	Detached garage or basement -8	Detached garage or basement -8
	Only outdoors -9	Only outdoors -9	Only outdoors -9
4f. What is the name of the brand that this person smokes most often?	(6-7)	(25-26)	(44-45)
4g. Is that a menthol or non-menthol?	Menthol8-1 Non-menthol -2	Menthol ...27-1 Non-menthol -2	Menthol ...46-1 Non-menthol -2
4h. What style of that brand? (CIRCLE ONE.)	Regular/Full flavor ...9-1 Medium -2 Low tar or lights . -3	Regular/Full flavor ..28-1 Medium -2 Low tar or lights . -3	Regular/Full flavor ..47-1 Medium -2 Low tar or lights . -3
4i. What size of that brand? (CIRCLE ONE.)	Regular/king/ 85mm .. 10-1 100's -2 120's -3	Regular/king/ 85mm .. 29-1 100's -2 120's -3	Regular/king/ 85mm .. 48-1 100's -2 120's -3

79-0
80-8
CARD 10

CONTINUE →

- 5a. Do visitors, housekeepers or other in-home workers ever smoke cigarettes inside your home?

Yes -----> How often?

448

Less than once a month -1

Once a month or more -2 → (PLEASE NOTIFY YOUR HOSTESS NOW!)

No -3

- 5b. Do any of the following people ever smoke pipes or cigars anywhere inside your home one or more times per week? (CIRCLE ALL THAT APPLY.)

	Yes	No	
Spouse	-1	-2	(50)
Children living at home	-1	-2	(51)
Other relatives	-1	-2	(52)
Non-related roommate	-1	-2	(53)
Maid/Other in-home worker ..	-1	-2	(54)
Other visitors	-1	-2	(55)

PLEASE NOTIFY YOUR HOSTESS NOW!

- 6a. How long have you lived at your current address?

Less than one year -1 (56)

1-5 years -2

6-10 years -3

Over 10 years -4

- 6b. Do you live in a...?

House -1 (57)

Apartment/Condominium/
Townhouse/Duplex -2

Mobile Home/Trailer -3

or, Other (SPECIFY: _____
_____) .. ()

CONTINUE ----->

6c. Approximately what year was your home/apt./etc. built? (ENTER A FOUR-DIGIT NUMBER, E.G., 1959.)

(58-61)

6d. Thinking about the heated portion of your home, how many of each of the following rooms are in your home? (CIRCLE THE NUMBER FOR EACH TYPE OF ROOM.)

Bedrooms	0	1	2	3	4	5	6	(62)	
Bathrooms	0	1	2	3	4	5	6	(63)	
Den/Living/Sitting room/Etc.	0	1	2	3	4	5	6	(64)	
Kitchen	0	1	2	3	4	5	6	(65)	
Separate dining room	0	1	2	3	4	5	6	(66)	
Other: _____	-70	0	1	2	3	4	5	6	(67)
_____	-71	0	1	2	3	4	5	6	(68)
_____	-72	0	1	2	3	4	5	6	(69)

7a. Considering only the heated portion of your home, what is the approximate size of your home in square feet?

_____ Square Feet

(73-74)

7b. What is the approximate height of the ceilings in your home?

7 feet	-1	(75)
8 feet	-2	
9 feet	-3	
Other: _____	-4	
_____	-5	

b. 76-78
79-1
80-0
CARD 11

8. How far is your home from the nearest major road?

Right next to the road/highway	-1	(6)
About one block away	-2	
About 1/4 mile away	-3	
About 1/2 mile away	-4	
About 1 mile away	-5	
Over 1 mile away	-6	

CONTINUE →

SECTION B: GENERAL EMPLOYMENT

9a. Are you currently employed outside the home?

Yes -1 (7)
No -2 → (PLEASE NOTIFY YOUR
HOSTESS NOW!)

9b. Do you work...

Part-time (Less than 35
hours per week) -1 → (PLEASE NOTIFY YOUR
HOSTESS NOW!) (8)
Full-time (35 or more
hours per week) -2

10a. Where do you work?

Work Phone # () _____

Job title _____ (9-10)

Type of work _____ (11-12)

Shift/Typical work hours _____ (13)

10b. How many people does your company employ?

(WRITE IN #)

(14-16)

10c. How many of those employees work in the same building with you?

(WRITE IN #)

(19-23)

10d. And how many of those employees work within 100 feet of your personal workspace?

(WRITE IN #)

(24-26)

CONTINUE →

11a. Which method of transportation do you use to go to and from work?

- | | | |
|----------------------------|----|--|
| Car/Van as Driver | -1 | (27-31) |
| Car/Van as Passenger | -2 | |
| Train | -3 | |
| Subway | -4 | |
| Public bus | -5 | |
| Walk the full distance ... | -6 | IF ANY OF THESE
ONLY, (i.e., NOT
IN A VEHICLE)
SKIP TO Q.12a. |
| Bike | -7 | |
| Motorcycle | -8 | |
| Other (SPECIFY: _____) () | | |

11b. How many people typically ride in the same vehicle or same section of the vehicle with you?

- | | | | |
|----------------------------|----|-----------------|------|
| Self only | -1 | → SKIP TO Q.12a | (32) |
| Self + 1 person | -2 | | |
| Self + 2 persons | -3 | | |
| Self + 3 persons | -4 | | |
| Self + 4 persons | -5 | | |
| Self + 5 persons | -6 | | |
| Self + 6 or more people .. | -7 | | |

11c. Do any of these people smoke in the vehicle on the way to/from work?

- | | | |
|-----------|----|------|
| Yes | -1 | (33) |
| No | -2 | |

CONTINUE →

SECTION C: WORKPLACE SPECIFICS

12a. How close is your workplace to the nearest major road?

- | | | |
|--------------------------------------|----|------|
| Right next to the road/highway | -1 | (34) |
| About one block away | -2 | |
| About 1/4 mile away | -3 | |
| About 1/2 mile away | -4 | |
| About 1 mile away | -5 | |
| Over 1 mile away | -6 | |

12b. Is your workplace attached to a parking garage?

- | | | |
|-----------|----|------|
| Yes | -1 | (35) |
| No | -2 | |

13a. What is the approximate size of your office or workspace? (NOTE: IF YOU WORK IN AN OPEN AREA OR A CUBICLE WITH MID-HEIGHT PARTITIONS, WRITE IN THE TOTAL DIMENSIONS OF THE ROOM.)

_____ ft. by _____ ft.
(36-38) (39-41)

13b. What is the approximate height of the ceilings in your office or workspace?

- | | | |
|----------------------------|----|------|
| 7 ft. | -1 | (42) |
| 8 ft. | -2 | |
| 9 ft. | -3 | |
| 10 ft. | -4 | |
| Other (SPECIFY: _____) () | | |

14a. Are most or all of the floors at your workplace carpeted?

- | | | |
|-----------|----|------|
| Yes | -1 | (43) |
| No | -2 | |

CONTINUE →

- 14b. Has new wall-to-wall carpeting been installed anywhere in your workplace during the past six months?

Yes → How long ago?

(44)

In the past week -1

Less than 1 month ago -2

1-3 months ago -3

3-6 months ago -4

No -5

- 15a. Which of the following items are presently located within 20 feet of your personal workspace? (CIRCLE ONLY IF "YES".)

Metal desk 01

(45-78)

Metal chair 02

Metal file cabinet 03

Other metal furniture 04

Wooden or wooden composite desk .. 05

Wooden chair 06

Fabric covered chairs 07

Other wooden furniture 08

Fabric-covered partitions/dividers 09

Portable humidifier 10

Portable vaporizer 11

Portable fan 12

Portable heater 13

Portable dehumidifier 14

Portable air cleaner 15

Laser Printer 16

Photocopy machine 17

Paper shredder 18

Refrigerator 19

Air ducts 20

Live plants 21 → How Many?

79-1
80-1
CARD 12

WRITE #

(5,7)

CONTINUE →

- 15b. During the past six months, have any of the following changes been made within 20 feet of your personal workspace? (CIRCLE ONLY IF "YES".)

New Carpeting	01	(8-27)
New Drapes or Curtains	02	
New Furniture	03	
New Office Equipment (computer, typewriter, copier, etc.)	04	
Newly painted walls/trim	05	
New Cubicle Partitions	06	
New Ceiling Tiles	07	
Other Remodeling or Renovations		
(Specify: _____)		
_____) ()		

- 16a. Do any of your co-workers smoke any tobacco products within 100 feet of your personal workspace?

Yes	-1	(28)
No	-2 → SKIP TO Q.17a	

- 16b. For each distance listed below, please write in the number of co-workers who smoke any tobacco products within this distance from your personal workspace. (IF NONE, WRITE "0".)

Within 5 ft.	_____	(29,30)
5 - 10 ft.	_____	(31,32)
10 - 20 ft.	_____	(33,34)
20 - 50 ft.	_____	(35,36)
50 - 100 ft.	_____	(37,38)

CONTINUE →

- 17a. How is your workplace heated? (CIRCLE ALL THAT APPLY IN COLUMN 17a.)
- 17b. (FOR EACH TYPE SYSTEM CIRCLED IN COLUMN 17a) Does this heating system have a fan or other mechanism that somehow "forces" the heated air into the room or "circulates" it throughout the room(s)? (CIRCLE "YES", "NO", OR "DK" IF DON'T KNOW IN COLUMN 17b.)
- 17c. Which one type of heating is used most often in your workplace? (CIRCLE ONE NUMBER IN COLUMN 17c.)

	17a. (HAVE) (39-48)	17b. (FORCED AIR?)			17c. (USE MOST OFTEN)
		(1) (49)yes	(2) no	(3) DK	(83-84) 01
Electric	01	(49)yes	no	DK	01
Gas	02	(50)yes	no	DK	02
Kerosene	03	(51)yes	no	DK	03
Steam	04	(52)yes	no	DK	04
Oil	05	(53)yes	no	DK	05
Fireplace insert:					
Wood-burning	06	(54)yes	no	DK	06
Coal-burning	07	(55)yes	no	DK	07
Gas logs	08	(56)yes	no	DK	08
Fireplace without an insert:					
Wood-burning	09	(57)yes	no	DK	09
Coal-burning (28)	10	(58)yes	no	DK	10
Gas logs	11	(59)yes	no	DK	11
Other: specify					
_____	()	(60)yes	no	DK	()
_____	()	(61)yes	no	DK	()
_____	()	(62)yes	no	DK	()
Don't know	12				12

CONTINUE →

18a. How is your workplace cooled? (CIRCLE ALL THAT APPLY IN COLUMN 18a.)

18b. Which type of cooling system is used most often in your workplace?
(CIRCLE ONE NUMBER IN COLUMN 18b.)

	18a (HAVE/USE)	18b (USE MOST OFTEN)
Central air/Heat pump	(65-74) 01	(75-78) 01
Window air conditioning unit	02	02
Fan - portable	03	03
Fan - ceiling	04	04
Fan - window	05	05
Open the windows	06	06
Evaporative (swamp cooler)	07	07
Other: (SPECIFY)		
_____	()	()
_____	()	()
Don't know	08	08

19a. Do you have any type of air cleaning device in your workplace?

Yes _____ → What type?

Portable -1

(77)

Central air -2

Both -3

Don't know -4

No -5

Don't know -6

GO TO BOX AT
→ BOTTOM OF PAGE 14.

CONTINUE →

19b. How does this (these) air cleaner(s) work?

Filters	→	Is that a <u>charcoal</u> filter?	
		Yes	-1 (78)
		No	-2
		Don't know ...	-3
Ionizing			-4
Electrostatic Precipitator			-5
Don't know			-6

THANK YOU FOR ANSWERING THESE QUESTIONS. PLEASE HAND THIS
QUESTIONNAIRE TO THE HOSTESS/INTERVIEWER, NOTING ANY PROBLEMS
YOU MIGHT HAVE HAD WITH ANY OF THESE QUESTIONS.

78-1
80-2
CARD 13